



QUARTERLY MEETING AGENDA April 13, 14, 15, and 16, 2021

General Session Zoom Meeting Link:

<https://us02web.zoom.us/j/89605381466?pwd=Sm83VEE4bTlwbysrT3J4L2gwUGQ4Zz09>

Meeting ID: 896 0538 1466 **Passcode:** CBHPCGS

Join by Phone: 669-900-6833 **Passcode (Phone):** 8000276

Notice: All agenda items are subject to action by the Council. Scheduled times on the agenda are estimates and subject to change. If Reasonable Accommodation is required, please contact the Council at 916.323.4501 by April 5, 2021 in order to meet the request. All items on the Committee agendas posted on our website are incorporated by reference herein and are subject to action.

COMMITTEE MEETINGS See Committee Agendas on Council website for Zoom links

Tuesday, April 13, 2021

2:00pm Performance Outcomes Committee

Wednesday, April 14, 2021

8:30am Executive Committee

10:30am Patients' Rights Committee

1:30pm Workforce and Employment Committee

Thursday, April 15, 2021

8:30am Housing and Homelessness Committee

10:30am Systems and Medicaid Committee

1:30pm Legislation Committee

Friday, April 16, 2021

COUNCIL GENERAL SESSION

General Session Zoom Meeting Link:

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9:00am	Welcome and Roll Call <i>Noel O'Neill, Chairperson</i>	
9:05am	Approval of January 2021 Meeting Minutes <i>Noel O'Neill, Chairperson</i>	Tab G
9:10am	Sustaining and Expanding the CA Reducing Disparities Project <i>Josefina Alvarado Mena, Esq., CEO, Safe Passages, Chairperson of the CRDP Cross Population Sustainability Steering Committee and Dr. Nina Moreno, Local Evaluator, Safe Passages</i>	Tab H
10:10am	Break	
10:20am	Public Comment	
10:30am	Department of Health Care Services Update <i>Kelly Pfeifer, M.D., and Jim Kooler, Dr.P.H.</i>	
10:50am	County Behavioral Health Directors Association Update <i>Michelle Doty Cabrera, Executive Director</i>	
11:10am	Break	
11:20am	Member Discussion of Disparities <i>Noel O'Neill, Chairperson and All</i>	Tab I
11:45am	Public Comment	
11:55am	Closing Remarks <i>Noel O'Neill, Chairperson</i>	
12:00pm	Adjourn	

2021 Council Meeting Schedule

June 15-18, 2021

October 19-22, 2021

2022 Council Meeting Schedule

January 18-21, 2022

April 19-22, 2022

June 14-17, 2022

October 18-21, 2022

**California Behavioral Health Planning Council
General Session
Friday, April 16, 2021**

Agenda Item: Approve January 2021 Meeting Minutes

Enclosures: Draft January 2021 Meeting Minutes

Background/Description:

Attached are the draft meeting minutes for member review and approval.

CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL GENERAL SESSION MEETING MINUTES

January 22, 2021

CBHPC Members Present:

Lorraine Flores, Chairperson	Dale Mueller
Noel O'Neill, Chairperson-Elect	Deborah Pitts
Karen Baylor	Darlene Prettyman
John Black	Hector Ramirez
Monica Caffey	Marina Rangel
Vera Calloway	Daphne Shaw
Christine Costa	Walter Shwe
Christine Frey	Deborah Starkey
Karen Hart	Arden Tucker
Celeste Hunter	Tony Vartan
Jim Kooler	Irene Walela
Steve Leoni	Gerald White
Barbara Mitchell	Susan Wilson
Iris N. Mojica de Tatum	Angelina Woodberry
Catherine Moore	Uma Zykovsky
Kathi Mowers-Moore	

Staff Present:

Jane Adcock, Executive Officer	Ashneek Nanua
Jenny Bayardo	Gabriella Sedano
Justin Boese	
Laura Leonelli	

Friday, January 22, 2021: Council General Session

1. Welcome and Introductions

Chairperson Lorraine Flores welcomed the Planning Council members to the meeting and invited new members to introduce themselves. Joanna Rodriguez, Uma Zykofsky and Irene Walela introduced themselves and stated their affiliations including the counties they reside in.

Executive Officer Jane Adcock did a roll call for attendance and stated that a quorum was met.

2. Approval of January 2020 Meeting Minutes

Chairperson Lorraine Flores opened the floor for comments on the January 2020 meeting minutes.

Council Member Steve Leoni suggested had two suggested edits. Per Steve Leoni, there are places in the minutes on page 5, 12 and 20, where he was referenced saying related things, there was a critical point that was missed related to these items. Steve will provide clarification to staff so they can amend the minutes to include the missing information.

The Second correction requested by Council Member Steve Leoni is on page 17 of the minutes. Per Steve, he made two separate points during the presentation but these two things were combined changing the meaning. This needs to be corrected.

A motion was made to approve the minutes with the edits requested by Steve Leoni.

Motion: Noel O'Neill moved to accept the Minutes from January 2020; seconded by Catherine Moore. Motion passed unanimously.

3. Election of 2021 Chairperson-Elect and Changing of the Officers

Chairperson Lorraine Flores thanked the Planning Council for providing her with the honor to serve and for the support received during her tenure. Lorraine went on to state she looks forward to supporting Council Member Noel O'Neill during his tenure. Chairperson Lorraine Flores called on Executive Officer Jane Adcock to introduce the nominating committee lead person. Per Jane Adcock no lead was selected this year. The Nominating Committee Members included Karen Baylor, John Black, Lorraine Flores, Cheryl Treadwell and Susan Wilson. The Nominating Committee selected Deborah Starkey as Chair-Elect who is a family member representative. Deborah Starkey accepted the nomination.

Council Member Hector Ramirez requested that the nominating committee share if other categories such as peers or other categories are represented. Executive Officer Jane Adcock shared that the Council has an informal process of rotating membership categories when selecting Chair-Elects. She went on to share that Lorraine is a Family Member representative, Noel O'Neill a Professional Provider and Susan Wilson a Consumer Related Advocate.

Council Member Hector Ramirez stated that not having a person with lived experience does not appear to align with the mission of this body. Mr. Ramirez points out that moving forward rotating creates a disparity resulting in lack of consumer representation. Chairperson Lorraine Flores shared that while she chose Family Member as her official representation category on the Council she is also a person with lived experience. Per Ms. Flores the Executive team does include this representation even though it may not be formally recognized.

Barbara Mitchell shared that the Council has always rotated a peer in that rotation as well and many people in the consumer category have been chairperson of the Council. Council Member John Black stated he was a chairperson in the past and that it just so happened that at this time the best candidate for Chair-Elect was a family member.

Council Member Hector Ramirez stated that he understood consumers had been in leadership in the past but wanted to point out that a cyclical process is exclusionary in the long term.

Executive Officer Jane opened the floor for public comment before the vote. There was no public comment.

Motion: Kathi Mowers-Moore moved to approve Deborah Starkey as the 2021 Chairperson-Elect. Celeste Hunter seconded the motion. Motion carried unanimously. Absent were Liz Oseguera, Veronica Kelly and Cheryl Treadwell

The changing of the officers occurred as Chairperson-Elect Noel O'Neill moved into the Chairperson position, Lorraine Flores moved into the Past-Chairperson position, and Susan Wilson returned to general membership. Executive Officer Jane Adcock thanked Susan Wilson for stepping in and serving as past chair for an additional year. Council Member Susan Wilson expressed her pleasure in serving stating this is a great group to work with.

Chairperson Noel O'Neill thanked Lorraine for her competent leadership over the past two years and then thanked Susan Wilson for coming back in the Past-Chairperson role after Raja Mitry had to leave the Council for personal reasons. Chairperson O'Neill stated it is humbling to be appointed and committed to do is best to be a good listener to Council members, public partners and stakeholders so that the Council can achieve its goal of improving the public behavioral health system. Chairperson O'Neill then welcomed Deborah Starkey as Chairperson-Elect. Deborah thanked the Council for the nomination and stated she will do the best she can.

4. Department of Health Care Services Update

Dr. Kelly Pfeifer, Deputy Director for Behavioral Health at the California Department of Health Care Services (DHCS), introduced the new Chief of MediCal Behavioral Health Division, Shaina Zurlin, to the Council. Shaina will be leading the CalAIM initiative and working with the department on supporting overall integration throughout all our systems statewide.

Shaina Zurlin welcomed the group and shared a little about herself. She joined DHCS about three weeks ago and has about 20 years of healthcare experience which includes experience as a licensed clinical social worker. She also has a doctorate in clinical psychology and spent a good chunk of her career working in community level organizations nonprofits including 11 years at

HealthRight 360. Her most recent position was with the County of Santa Cruz where she was in charge of implementing the Drug MediCal Organized Delivery System as part of California's initiative to move forward and update the way we provide substance-use treatment and achieve behavioral health integration. Shaina stated that she is excited to be here in this role and hoped to be an integral part of the CalAIM project.

Dr. Kelly Pfeifer shared DHCS priorities for 2021. These include CalAIM and the work to streamline medical necessity which is the process of determining who should get specialty mental health services. Services for children in the foster care system and child welfare system are being streamlined, making it easier for them to access services as well as for children experiencing homelessness. One example of how this is happening is that the need for a diagnosis in order to provide treatment has been removed. DHCS is also working on improving processes overall, making it easier for people to get the care they need when they need it.

DHCS has made a big commitment to Health Equity. The events of 2020 have caused the department to take a look at how structural racism is imbedded in all of our systems. Per Dr. Kelly Pfeifer, DHCS leadership is committed to taking a hard look at medical and healthcare services in general to see where they can work harder to eliminate inequity in our system. The first step the department will take is to create an equity dashboard. The department will show publicly how they are doing on a variety of health measures related to disparities for different racial groups. DHCS plans to bring on a new Chief Quality Officer within the next month. This person will be in charge of creating dashboards and an action plan. The Chief of MediCal Behavioral Health Division, Shaina Zurlin, will be bringing on a consultant to work with counties and DHCS on creating equity plans in order to create a culturally-relevant workforce.

Per Dr. Kelly Pfeifer, the other priority for DHCS is building out the full continuum of crisis care. In the Governor's Budget there is \$750 million dollars set aside for behavioral health infrastructure. Currently counties are only paid for the services they provide so there is no ability to build up a reserve to do big capital projects. High cost of real estate and restrictive ordinances in communities contribute to the lack of sufficient investment in "bricks and mortar" needed to provide the full crisis continuum of care. In addition to the \$750 million behavioral health infrastructure funds, \$250 million is set aside for the Department of Social Services to build out board and cares and other housing options for frail elders and people with disabilities so people who need services are not facing homelessness as well.

Finally, Kelly Pfeifer shared that DHCS is doing a lot of work to strengthen core operations and is committed to adhering to their values of customer service, efficiency, and responsiveness.

DHCS is proud of the way they have responded during the COVID-19 pandemic and intend to continue to listen to providers and counties in order to ensure needed services are provided. Chairperson Noel O'Neill thanked Dr. Pfeifer, for the update. He then called on Dr. Jim Kooler, Assistant Deputy Director for Behavioral Health to add any information. Jim Kooler thanked the Council for gathering information about telehealth through the Data Notebook to help tell the story of our communities. Chairperson Noel O'Neill stated that we hope to have a final analysis of the telehealth data in the coming months.

Jim Kooler then provided an update on CalHOPE. CalHOPE is a FEMA and SAMHSA supported counseling program. A big part of this program is social norming and gaining public awareness of mental health. CalHOPE was able to build a relationship with the LA Kings hockey team who have decided to choose community wellness over profit and promote CalHOPE on their team helmets. All in attendance were encouraged to check it out on the CalHOPE website where there is also a video with members of the Hockey team helping to normalize the stress, anxiety, and acceptability of calling someone for help. The Council will send a letter to the LA Kings thanking them for the commitment to mental health as recommended by Council Members.

5. Public Comment

There were no comments from the public.

6. Member Discussion of Council Priorities for 2021

Chairperson Noel O'Neill addressed the Council. Each member of the Council was asked to share a goal for the coming year, can be a personal goal related to the Council, it might be a committee goal, or it might be a goal that is related to a Council-wide issue. Forty-five minutes was dedicated to this exercise. Council members were asked to keep their responses to 30 seconds. Chairperson Noel O'Neill asked Jenny keep track of time and mute the microphones if needed so that we ensure all members are able to share.

The responses shared by members were summarized by the Executive Officer and are as follows;

Children/Youth

Go upstream to ensure children, TAY, and families have access to and receive mental health services when and where they need them. Ensure mental health education is provided in schools from kindergarten up and school staff are equipped to identify and refer. That the transition of youth into the adult system is smooth and doesn't result in falling through the cracks.

Housing/Homelessness

Two main priorities identified are 1) affordable housing for older adults and 2) address the loss of licensed residential facilities and the financial issues preventing more facilities from serving individuals with serious mental illness.

Council Work

Strengthening the Council's collaboration and relationships with DHCS, SAMHSA ranked highest. Next was ensuring Council work in the committees integrate the Equity Statement into practice, address disparities, complete quality projects and goals that continue to raise the Council's visibility and voice.

Direct Service Issues

The CalAIM implementation provides us a great opportunity to decrease documentation and paperwork requirements, improve reimbursement processes, create standardized assessment tools and quality measures and to increase access and effectiveness in services delivered. But before that happens, the system will need to transition into post-pandemic environment and support successful service delivery strategies while phasing out those that created barriers for persons needing direct services.

Peers

Year 2021 will be the year of the Peer. The implementation of the Peer Support Specialist Certification Program must be done with Peers, for Peers, and by Peers. The training and validity of the process must be supported by peers as well as having peers in the workplace as managers, supervisors and including workplace preparation that promotes peer career ladders/lattices all the way up to leadership.

Workforce

Need to keep the workforce engaged and growing or we cannot deliver any of the things that we would like to do. By having the CSU and UC systems add mental health to curriculum, create potential pipeline for a diverse workforce. And also think about career ladders/lattices and attracting people that have specialties, eg, LGBTQAI, and older adults, etc.

Misc

Other very important aspects of the BH system were mentioned including suicide prevention, crisis response lines, patients' rights, stigma and discrimination, formerly incarcerated individuals and structural racism leading to racial disparities.

Council Member original responses were recorded by the Executive Officer as follows;

Children/Youth

(3) the health and welfare of children
enhancing child abuse mental health services
making sure youth and children are getting the services they need from the state level on down.
have consumers support around children specifically related to transitional needs.

(3) focus on mental health education in schools starting in kindergarten, the majority of the students are asking for help. We need to start health education of the youngest ages all through high school

transfer from County children services to adult services they fall through the cracks, especially right now, I don't know how to fix it or how to face, address it the right way recommending a mental health training specific component to their curriculum specifically for children so we are trying to bring the training into the schools sometimes it is optional mandatory but perhaps in a couple of years this will be more integrated as a norm of the system. If we get started quickly.

to enhance youth services and services for young people in schools,

go upstream, focus on children and

with families in the COVID situation, creating friction and a lot of stress, I have a child with depression that dropped out of university

Wish we could have a new appointment from the Department of Education with an emphasis on children and transitioning, particularly on health, and transitioning children into adult services.

Housing/Homelessness

really be involved in a method of resolving the structural problems of adult residential care homes.

my goal for housing. In particular older adult housing, there is a tremendous shortage of older adult housing

(3) funding for ARFs

I am also interested in the older population across the state which is hardly mentioned in our committee meetings, and I know that locally a lot of our seniors and folks that are receiving mental health services are sometimes losing their housing due to rents being raised and things like that, they become one of the homeless at age 65 or 67 or 68. So those populations of the elders are facing these economic situations are very important,

two is identify the crises in the residential facilities

to target the most immediate concern and see if we can make some changes whether it is making contact through community members or whatever legislators, to get immediate resources to adult residential facilities

Misc

Continuum of care for ethnic communities, Expand engagement and outreach

(2) Suicide prevention and 988 effort

Monitor Patients' Rights, don't diminish during pandemic

I see a lot of different endeavors happening across the state that I believe separates that community that's reentering the broader community from incarceration, there are moves we can make such as having peer support specialist role for that community, and in one particular County those community health workers have been a great asset, and I see that being a wonderful model to tap into if that was rolled out efficiently at all the other counties

outing structural disparity in the system

there is a lack of awareness of mental health in general. So we can increase that awareness and actually have mental health as a component in the rollout we will create some challenges as far as the stigma attached

Council Work

how to get our voice out to where it needs to be heard

We also have integrating council equity statements. Which I hope everyone will be working on, we did mention it as a council when we began the meeting today collaborating closer with SAMSHA with the federal rules when it be. See what the federal rules want to be

Strengthen Council and DHCS

the inequity dashboard that the council track progress so we can have input across the board work on strengthening the connection between the Council and the DHCS

support committee work plan goals

that the committee will have a dual role to look at continuing the efforts around individuals seeking employment and making sure that individuals seeking employment have the best opportunity possible and they continue to work on the peer issues in the training issues for staff I really want to work to see that the Council continues to function effectively as it has, and that our profile is increased, the people know the hard work that the committees are doing and some of the outcomes that you have arrived at that our outcome committee addresses racial and other inequities.”

I really want to get to know the councilmembers. I'm a new member I know many of the council members from earlier parts of my work, but really want to get to know the different work and the different perspectives that people have

Direct Service Issues

how we are going to transition back in person to mental health services and have this discussion about is it going to be a hybrid, are we to offer both, is to be clinicians choice? Figure out how to best support a transition back to services,

the extent of consumer care throughout the community needs to be addressed meaning that initial contact really begins at the community level so that we understand this and don't limit it to the system itself but to know that in the scope of serving the communities that there is outreach and referral to the system, to look at new and innovative ways of doing that to engage the community.

Decrease documentation and increase services

assessment tools as being invaluable from a patient standpoint and expediting services to the clients

I am glad to see that we have standardized tools being developed and that the quality measures across the counties are being standardized.

big moment for CalAIM, for the first time to really reduce paperwork burdens, and also improve the quality of service to people we serve, these things go together. This is like a decade's long project, but this is a moment we can really influence and impact that.

(4) CalAIM implementation

Peers

(5) pursuing the success of the peer specialist rollout, and exploring barriers

Peer support, I think there is a role in our clinics, in our programs that we need more of a presence, how are we to get more people on board in a short period of time

I also want to speak out for the peer certification and be clear that the training is relevant in that it is provided by peers to peers, and the validity of the process is supported at the peer level as well, and we talk about having peers in the workplace that we appear as managers, managers that

are not related to peers, that we have a structure that increases peer management and peer leadership and also peer employees.

(2) Peers as supervisors and workplace preparation

Workforce

to keep nurses engaged in the workforce in a healthy and secure, in the right way -- that is part of reaching the overall goal of the Council because without the workforce we cannot deliver any of the things that we would like to do

have CSU and UC add mental health to curriculum

we need career ladders. I am thinking right now upward career ladders but also lateral. Because the people that have specialties, eg, LGBTQAI, and not every care specialist is able to connect with all those groups.

7. Public Comment

Steve McNally, thanked Noel for the opportunity to speak. He also complimented the Council on the agenda item that preceded for being inclusionary. He continued and stated, “The comments I am going to make are as a parent of an adult child with schizophrenia who receives county services and is on SSI.” Steve commented on our shared dedication to ensuring mental health services are available in our community. He recognizes we all do the best with our available resources but stated that a lot of times he feels that we are working with one arm tied behind our backs. He feels we can do better, keep mental health in the spotlight and be more solution oriented. He also believes we know the solutions, but we are not doing the implementation. Steve commented on CBHPCs presentations on the website from 2013 and 2012 that could all actually be done today, but feels like we are a community that likes to plan and not implement. Chairperson Noel O’Neill asked Steve to send his suggestions to him directly as he intends to address them.

Mr. McNally committed to sending his suggestions to Chairperson Noel O’Neill. He then provided one example of what he is referring to. “I think that the state and local appointed boards and commissions can work together rather than as exclusive entities, our success and impact is relying on information sharing”.

8. Closing Remarks

Chairperson Noel O’Neill thanked all of the Council members for their service and dedication to the Council’s advocacy efforts. He continued to say that it is not an easy thing to take part in committees that meet Tuesday through Friday, four days out of the week, and thanked all Council members for doing this.

Next, Chairperson Noel O’Neill thanked our guests, members of the public, DHCS, and new Council members for their participation and stated that their voices are crucial to the Council as a

planning organization that strives to be fluid and flexible. The presence of these new voices ensures that we don't get stuck and stagnant.

Finally, Chairperson Noel O'Neill thanked Council staff especially Executive Officer, Jane Adcock and the rest of the Council staff that support the Council members and committees. Chairperson Noel O'Neill encouraged all of the Council members to really drill down on their committee roles this year. Chairperson Noel O'Neill then closed the meeting and stated, " So until April, be safe, stay healthy where your masks, get vaccinated if you can, wash your hands, keep your social distancing, and I personally really look forward to seeing you all in April."

Meeting Adjourned.

**California Behavioral Health Planning Council
General Session
Friday, April 16, 2021**

Agenda Item: Sustaining and Expanding the CA Reducing Disparities Project

Enclosures: [CA Reducing Disparities Project \(CRDP\) Brochure](#)

Budget Letter

Background/Description:

The following individuals have been invited to present with Josefina Alvarado Mena, Esq., CEO, and Dr. Nina Moreno, Local Evaluator, Safe Passages:

Dr. Cutcha Risling-Baldy, Local Evaluator, Two Feathers Native American Family Services-Native American Hub

Anne Natasha Pinckney, Executive Director, The Center for Sexuality & Gender Diversity-LGBTQ+ Hub

Dr. Cesar Casteneda, Mental Health Administrator, La Familia Counseling Center-Latinx Hub

Dr. Ghia Xiong, The Fresno Center-Asian Pacific Islander Hub

Mel & Regina Mason, Co-Founders, The Village Center-African American IPP

The CRDP was developed to address disparities in mental health that exist in California for racial, ethnic and cultural populations. Disparities are exacerbated by the lack of access to and appropriateness of care as well as the need for services that are linguistically and culturally responsive to the many diverse cultures in the state. The CRDP is focused on Prevention and Early Intervention (PEI) programs, which emphasize reducing negative outcomes that result from delay in receiving treatment. The CRDP was one of the original statewide PEI projects funded through the Mental Health Services Act. Five Strategic Planning Workgroups (SPWs) were funded to address the following populations: African Americans, Asians and Pacific Islanders, Latinos, Native Americans, and lesbian, gay, bisexual, transgender, queer and questioning (LGBTQ) communities. In Phase I, each of the five SPWs created a report

addressing the challenges and needs of the target population, as well as, strategies for transformation of the mental health system and the identification of community-based promising practices. From these reports, a Strategic Plan to Reduce Mental Health Disparities was released in 2015 by the California Pan-Ethnic Health Network.

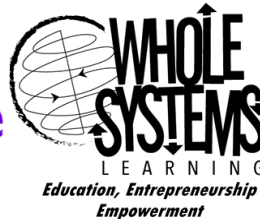
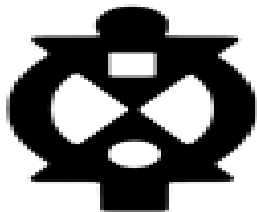
Phase II of the CRDP focuses on funding and evaluating the promising practices identified in Phase I. Thirty-five community-based organizations serving African American, Asian and Pacific Islander, Latino, Native American and LGBTQ+ communities make up the CRDP Implementation Pilot Projects (IPP). The goal of these projects is to develop and test the effectiveness of interventions specifically designed for the target population so that effective mental health services can be made available to all Californians regardless of race, ethnicity, sexual orientation or gender identity. These interventions are called Community Derived Evidence Based Practices (CDEPs). Five technical assistance providers work with each of the population-specific organizations to assist with program development, administration, and evaluation efforts.

The Office of Health Equity, at the CA Department of Public Health, oversees the activities of the thirty-five IPPs as well as the CRDP statewide and local evaluations.

A budget request proposal is included in the meeting packet. In order to extend the current programs, to take the programs to scale in the counties, and to develop plans for Phase III to serve additional special populations, a onetime funding request of \$50 million from the State General Fund is made.

MOTION: To support the budget request to continue and expand the CRDP.

California Reducing Disparities Project





The Honorable Nancy Skinner
Chair, Senate Budget and Fiscal Review
Committee

The Honorable Phil Ting
Chair, Assembly Budget Committee

The Honorable Susan Eggman
Chair, Senate Budget Subcommittee #3
On Health and Human Services

The Honorable Juan Arambula
Chair, Assembly Budget Subcommittee #1
On Health and Human Services

February 8, 2021

Re: Budget Proposal to Sustain the California Reducing Disparities Project

Dear Chairpersons of Budget Committees and Subcommittees on Health and Human Services:

The California Reducing Disparities Project (CRDP) is an unprecedented, historic, cross population, solutions based and rigorous evaluation-driven initiative. The CRDP currently funds 35 culturally responsive, innovative Implementation Pilot Projects (IPPs) across California serving five population groups: African American; Latino/x; Asian and Pacific Islander; Native American; and LGBTQ+. The CRDP has been funded at the state level through the Mental Health Services Act (MHSA) but unless action is taken, will cease in April of 2022. Considering the CRDP effectively serves the very populations that suffered disproportionately in 2020 due to the COVID-19 pandemic and the racial reckoning after the very public killings of Black people, the value and urgency of sustaining this project is obvious.

It is imperative that the CRDP be sustained by: 1. Extending the current programs including technical assistance and evaluation; 2. Creating a mechanism for scaling the programs at the local

county level; and 3. Developing plans for a Phase 3 that expand services to serve additional special populations, and systems change at the state and local levels. **We propose \$50 million in one-time funding from the surplus of the General Fund or any other state budget source this year in order to accomplish all of these. This one-time funding would sustain the CRDP for three additional years.**

The original budget for the CRDP was \$60 million which covered an extensive planning phase and for the individual 35 pilot projects (IPPs), technical assistance, and evaluation of the entire projects over a period of three years. The \$50 million requested this year is based on \$31.5 million for continuing operating costs for the 35 pilot projects; \$6.3 million for continuing technical assistance; \$10.2 million for scaling, system change, and Phase 3 planning; and \$2 million for statewide evaluation.

For the first time in California's history, the CRDP brought together funding for CDEPs, culturally competent, distinguished researchers, resources to fund evaluation, and the platforms (IPPs) to conduct the research in communities historically underserved. In the community context- IPPs are trusted to deliver these innovative programs and support evaluation strategies that respect the communities served. The CRDP is focused on creating a new research base that elevates the role of our communities in defining what works best for them. We are advocating for dollar investments in approaches that work.

To date the CRDP projects have accomplished the following key outcomes:

- Implementation of proven community defined mental health strategies and programs.
- Collectively, these approaches leverage the historical knowledge and assets of our communities and improve mental health along the life trajectory.
- Rigorous statewide and local evaluations: Participatory and community defined research.
- Preliminary findings from local evaluators demonstrate: decreased mental health symptoms, increased coping skills/supports, increased connection to culture, increased awareness of mental health symptoms, and decreased stigma associated with mental health.
- Special report on how CRDP participating organizations stepped up in 2020 to deal with both the COVID-19 pandemic and the trauma caused by police killings of people from the Black community.

The State must make a commitment to support CDEPs to reduce disparities. Intergenerational mental health disparities will remain intractable without a sustained and aggressive level of State investment. The State of California's support should go beyond Phase II funding of the CRDP, it must address the new mental health crisis resulting from COVID-19. We will not reduce disparities if we continue to fund the same strategies. We must do things differently if we want to produce different results.

Decades of data demonstrate that clinical mental health strategies will not address the urgent need in African American, Latino/x, Asian and Pacific Islander, Native American, and LGBTQ+ communities. Life has changed as a result of COVID-19 and will continue to change but the disparities will not. They will continue to author the outcomes for millions of Californians. We share responsibility for reversing this trajectory. We demand an urgent focus on solutions that force the disruption of structural racism within the mental health system and create a structural

space for CDEPs that recognizes the need for self-determination in mental health prevention and intervention services. Self-determination for our communities dictates that our communities can choose culturally appropriate services.

Our communities are past the piloting phase. It is fundamentally unfair to our communities to pilot projects, and then dismantle effective programs, only to start another pilot project.

The CRDP is committed to take the solutions that work to scale, specifically Community Defined Evidence Based Practices uplifted by the CRDP. Communities of color and LGBTQ+ communities know what we need. We have solutions, but we do not have the resources that we need to take the solutions to scale. And, that is where state investment is urgently needed.

Attached is information on the CRDP that will illustrate the breadth and depth of these projects and the need for them to be sustained. We look forward to providing more information upon request and working with the Legislature and Governor's office to ensure these valuable solutions continue for our communities and the state.

We would be pleased to answer any questions or provide more information. Please contact Stacie Hiramoto at: Shiramoto@remhdco.org or (916) 705-5018 at any time.

Sincerely,

Co-Sponsors

Stacie Hiramoto, MSW, Director

Racial & Ethnic Mental Health Disparities Coalition (REMHDCO)

Rebecca Gonzales, Director of Government Relations & Political Affairs

National Association of Social Workers – California Chapter

California Reducing Disparities Project (CRDP)

Asian/Pacific Islander Projects

Anastacio Flores, Program Director

Asian American Recovery Services, a Program of HealthRIGHT360

David Kakishiba, Executive Director

East Bay Asian Youth Center

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**California Behavioral Health Planning Council
General Session
Friday, April 16, 2021**

Agenda Item: Member Discussion of Disparities

Enclosures: None

Background/Description:

The presentations during the General Session have focused on activities underway to promote the reduction of disparities of un- and under-served racial and cultural communities. Since 2005, under the Mental Health Services Act, the reduction of disparities is expected and supported through Prevention and Early Intervention and the Innovation programs. These programs have been implemented both statewide and at the local level.

Each member is asked, within 30 seconds, to present their thoughts on the following question:

Is California's behavioral health system on the right track to reduce disparities?